

PATIENT RIGHTS AND RESPONSIBILITIES

You have the right to:

- Be treated with respect, consideration, and dignity.
- Information about your health and treatments, please ask questions.
- Consideration of your values and preferences, including refusing treatment.
- Privacy. You must give permission before information about you is shared with others not directly involved in your care. You have the right to personal privacy.
- Confidentiality. Messages between you and your provider, health records, test results, and x-rays are private; except when required by law. Patients are given the opportunity to approve or refuse their release; access information contained in your clinical records within a reasonable time.
- Prepare with your provider Advance Directives. This notifies healthcare providers what you want us to do if you are unable to make medical decisions on your own.
- Appropriate assessment and management of pain.
- Participate in decisions concerning healthcare and treatment.
- Be cared for in a clean, safe environment.
- Be free from all forms of abuse, harassments, and financial exploitation.
- File a complaint and know that complaints will not affect your ability to get healthcare here nor will complaints affect how you are treated.

(continued inside)

Concerns, complains, and grievances:

If you have concerns regarding your care or service provided by the Nisqually Tribe Health Department, we want to work with you to address your issues.

We ask you to:

- Notify a staff member of your concern
- Speak with management staff directly about your concern
- Fill out a complaint form

To the best of our ability we will:

- Answer your concerns within a reasonable length of time
- Do all that is possible to resolve any concerns you may have
- Encourage you to contact your healthcare provider or the health services director at (360) 459-5312.



NISQUALLY TRIBAL HEALTH DEPARTMENT

4816 She-Nah-Num Drive SE, Olympia, WA 98513

Phone: (360) 459-5312

Online: www.nisquallyhealth.org



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(continued)

- Recommend changes by using the suggestion box.
- Be reasonably accommodated for sensory or physical disability, limited ability to communicate, cultural differences, or request an interpreter if you need additional assistance.
- Know the name and role of each person participating in your care.
- Know about your medications, any equipment used, and community resources you might need.

Special rights of adolescents

In addition to the patient rights stated previously, the law provides the following rights for adolescent patients:

- A minor patient 13 years or older may consent to outpatient treatment for mental health substance abuse issues of drugs and alcohol.
- A minor patient 14 years or older may consent to outpatient treatment of sexually transmitted diseases without parental knowledge or consent.
- A minor patient, regardless of age, may consent to birth control or pregnancy-related care.
- Emancipated minors may consent for their own treatment.
- If you wish to be seen for diagnosis or treatment of one of these conditions, please let the appointment scheduler know when you make your appointment, and communicate this with your provider.

Patient responsibilities

During your visit to the Nisqually Tribe Health Department, we ask that you accept responsibility for:

- Your own behavior and that you treat the staff with respect and dignity.
- Releasing information related to past health problems to help staff provide better healthcare.
- Make sure you understand the directions and treatment goals given to you by your healthcare provider. Understand the risks of not following through with the treatment plan or instructions.
- Informing the business office of health insurance or medical coupons.
- Providing supervision for your children.
- Following up on your pain management plan as agreed upon.
- Comply with posted rules
- Obtain referral information, know your appointment time and date, keep your appointment, or call in advance to cancel or change your appointment.
- Let someone know if you don’t understand what you are being told.
- Tell us everything you know about your health.
- Let someone know if there are changes in your condition.
- Participate in your healthcare by making decisions, following directions, and accepting responsibilities for your choices.
- Respect the rights and privacy of others.

Additional patient rights and responsibilities pursuant to WAC 388–805–305 (1–7)

- Be admitted to treatment without regard to race, color, creed, national origin, religion, sex, sexual orientation, age, or disability, except for bona fide program criteria.
- Be protected from invasion of privacy except that staff may conduct reasonable searches to detect and prevent possession or use of contraband on the premises.
- Have the opportunity to same-gender counselor, if requested and determined appropriate.
- Be informed regarding any fees charged.
- Be provided reasonable opportunity to practice the religion of choice as long as the practice does not infringe on the rights and treatment of others or the treatment service. The patient has the right to refuse participation in any religious practice.
- Be allowed necessary communication with an attorney in an emergency situation.
- Be fully informed and receive a copy of counselor disclosure requirements described under RCW 18.19.060.

In the event of an agency closure or treatment service cancellation, each patient shall be:

- Given thirty (30) days notice;
- Assisted with relocation;
- Given refunds to which the person is entitled and,
- Advised how to access records to which the person is entitled.